U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

SEARCH REQUEST FORM

129

Requestor's Name: 08/903,677 Serial Number: DINH NGUYEN

Date: 8/18/98 Phone: 305-3522 Art Unit: 3738

Search Topic:
Please write a detailed statement of search topic. Describe specifically as possible the subject matter to be searched. Define any terms that may have a special meaning. Give examples or relevent citations, authors, keywords, etc., if known. For sequences, please attach a copy of the sequence. You may include a copy of the broadest and/or most relevent claim(s).

PLEASE SEARCH FOR A METHOD OF TREATING CHEST PAIN / ANGINA PECTORIS (⇒ INSUFFICIENT SUPPLY OF BLOOD TO HEART) / CHEST MUSCLE SPASM BY TAKING LIME JUICE. ANY REFERENCES AS TO ORAL ADMINISTERING, CONCENTRATED LIME JUICE OR LIMEADE, DAILY, IN LARGE QUANTITY (UP TO 5 CUPS DAILY WOULD BE GREAT. IF LIME JUICE IS NOT FOUND IN A REFERENCE FOR TREATING ANY CHEST PAIN, THEN EQUIVALENTS AS TO VITAMIN C WOULD BE FINE.

THANK YOU.

PLEASE SEE ATTACHED CLAIMS IF NEEDED.

STAFF USE ONLY

Date completed: 8-21-98
Searcher: EB
Terminal time: 80
Elapsed time:
CPU time: 9
Total time: 90
Number of Searches:
Number of Databases: 5

Search Site
- ____ STIC
- ____ CM-1
- ____ Pre-S

Type of Search
- ____ N.A. Sequence
- ____ A.A. Sequence
- ____ Structure
- ✓ Bibliographic

Vendors
- ____ IG
- ✓ STN
- ____ Dialog
- ____ APS
- ____ Geninfo
- ____ SDC
- ____ DARC/Questel
- ____ Other

PTO-1590 (9-90)

Please amend claim 1 as follows:

1. (amended) A method of preventing the reoccurrence of chest pain associated with the heart, which method comprises:

(a) noticing a pain in the chest; and then shortly thereafter

(b) taking an effective amount of lime juice into the body to alleviate the chest pain.

C 1 2

112 What is effective?

REMARKS

Claims 14-17 have been added to the application, and claim 1 has been amended to clarify the invention.

Dated this 12th day of January, 1998.

Respectfully submitted,

Karl G. Hanson
Attorney for Applicant
Registration No. 32,900

3M Office of Intellectual Property Counsel
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St. Paul, Minnesota 55133-3427
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Facsimile: (612) 736-3833

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on the date noted below.

Karl G. Hanson Dated: 1/12/98

What is claimed is:

1. A method of preventing the reoccurrence of chest pain associated with the heart, which method comprises:

(a) noticing a pain in the chest; and then shortly thereafter

(b) taking lime juice into the body to alleviate the chest pain.

2. The method of claim 1, wherein the chest pain is angina pectoris.

3. The method of claim 1, wherein the lime juice enters the body by consuming it orally.

4. The method of claim 2, wherein the lime juice is consumed in concentrated form by taking at least one half teaspoon of frozen concentrated lime juice or limeade.

5. The method of claim 1, further comprising:

preventing the reoccurrence of chest pain by taking lime juice into the body daily.

6. The method of claim 5, wherein at least one cup of lime juice is consumed orally daily.

7. The method of claim 6, wherein 2 to 5 cups are consumed daily.

8. The method of claim 6, wherein 2 to 3 cups are consumed daily.

9. A method of treating angina pectoris, which method comprises:

(a) noticing the onset of an angina attack; and then shortly thereafter

(b) taking an effective amount of lime juice into the body.

10. The method of claim 9, wherein the lime juice is taken orally.

11. The method of claim 10, wherein the lime juice is essentially pure lime juice.

5

12. The method of claim 10, wherein the lime juice is frozen concentrate for limeade.

13. The method of claim 10, wherein the lime juice is limeade.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

CARL E. HANSON

Serial No.: 08/903,677

Filed: July 31, 1997

For: METHOD OF TREATING ANGINA

Group Art Unit:

Examiner:

AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Please amend this application as set forth below.

IN THE CLAIMS:

Please add the following new claims to this patent application.

14. The method of claim 1, wherein the lime juice is administered in concentrated form.

15. The method of claim 1, wherein the lime juice is administered in the form of its active ingredients.

16. The method of claim 9, wherein the lime juice is administered in concentrated form.

17. The method of claim 9, wherein the lime juice is administered in the form of its active ingredients.

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=> display history full l1-

     (FILE 'HOME' ENTERED AT 11:11:24 ON 21 AUG 1998)

     FILE 'WPIDS, BIOSIS, EMBASE, MEDLINE' ENTERED AT 11:22:09 ON 21 AUG
     1998
L1          4034 SEA (CHEST# OR THORAX? OR THORAC?)(2A)(SPASM? OR PAIN?
                 OR DISCOMFORT? OR HURT? OR DISTRESS? OR MALAIS? OR ACHE#
                 OR ACHING# OR SEIZUR? OR PAROXYSM? OR CRAMP?) OR ANGINA?
                 OR CHESTPAIN? OR ANGOR#(2A)PECTOR? OR STENOCARDIA?
L2         32863 SEA (CHEST# OR THORAX? OR THORAC?)(2A)(SPASM? OR PAIN?
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                 OR ACHING# OR SEIZUR? OR PAROXYSM? OR CRAMP?) OR ANGINA?
                 OR CHESTPAIN? OR ANGOR#(2A)PECTOR? OR STENOCARDIA?
L3         37306 SEA (CHEST# OR THORAX? OR THORAC?)(2A)(SPASM? OR PAIN?
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                 OR ACHING# OR SEIZUR? OR PAROXYSM? OR CRAMP?) OR ANGINA?
                 OR CHESTPAIN? OR ANGOR#(2A)PECTOR? OR STENOCARDIA?
L4         39614 SEA (CHEST# OR THORAX? OR THORAC?)(2A)(SPASM? OR PAIN?
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                 OR CHESTPAIN? OR ANGOR#(2A)PECTOR? OR STENOCARDIA?
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                 OR CHESTPAIN? OR ANGOR#(2A) PECTOR? OR STENOCARDIA?
L6           456 SEA LIMEADE# OR LIME#(2A)(JUIC? OR CONC# OR CONCENTRATE?
                 OR EXT# OR EXTN# OR EXTRACT? OR ESSENCE? OR DRINK? OR
                 IMBIB? OR INGEST? OR PULP?)
L7           101 SEA LIMEADE# OR LIME#(2A)(JUIC? OR CONC# OR CONCENTRATE?
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L9            20 SEA LIMEADE# OR LIME#(2A)(JUIC? OR CONC# OR CONCENTRATE?
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                 OR EXT# OR EXTN# OR EXTRACT? OR ESSENCE? OR DRINK? OR
                 IMBIB? OR INGEST? OR PULP?)
L11         1846 SEA ORANGEADE# OR LEMONADE# OR (CITRUS? OR ORANGE# OR
                 LEMON# OR GRAPEFRUIT? OR CITRON?)(2A)(JUIC? OR CONC# OR
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L12         2587 SEA ORANGEADE# OR LEMONADE# OR (CITRUS? OR ORANGE# OR
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                 DRINK? OR IMBIB? OR INGEST? OR PULP?)
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L16         8196 SEA (VIT OR VITAMIN?)(2A)(C OR ANTISCORBUTIC?) OR
                 ASCORBIC#(2A)ACID# OR ASCORBATE#
L17        31548 SEA (VIT OR VITAMIN?)(2A)(C OR ANTISCORBUTIC?) OR
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L18        23270 SEA (VIT OR VITAMIN?)(2A)(C OR ANTISCORBUTIC?) OR
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L19        24050 SEA (VIT OR VITAMIN?)(2A)(C OR ANTISCORBUTIC?) OR
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L21            0 SEA L1 AND L6
L22            0 SEA L2 AND L7
L23            0 SEA L3 AND L8
L24            0 SEA L4 AND L9
     TOTAL FOR ALL FILES
L25            0 SEA L5 AND L10
L26            0 SEA L1 AND L11
L27            1 SEA L2 AND L12
L28            2 SEA L3 AND L13
L29            1 SEA L4 AND L14
     TOTAL FOR ALL FILES
L30            4 SEA L5 AND L15
L31           15 SEA L1 AND L16
L32           21 SEA L2 AND L17
L33           52 SEA L3 AND L18
L34           24 SEA L4 AND L19
     TOTAL FOR ALL FILES
L35          112 SEA L5 AND L20

     FILE 'WPIDS' ENTERED AT 11:37:04 ON 21 AUG 1998

     FILE 'BIOSIS' ENTERED AT 11:37:35 ON 21 AUG 1998
L36           21 SEA L32 NOT L27

     FILE 'EMBASE' ENTERED AT 11:37:47 ON 21 AUG 1998
L37           52 SEA L33 NOT L28
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     FILE 'MEDLINE' ENTERED AT 11:37:58 ON 21 AUG 1998
                  E ANGINA PECTORIS/CT
L38          23298 SEA "ANGINA PECTORIS"+NT/CT
L39              0 SEA L38 AND L9
L40              0 SEA L38 AND L14
L41             14 SEA L38 AND L19
                  E VITAMIN C/CT
                  E E3+ALL/CT
L42          17230 SEA "ASCORBIC ACID"/CT
L43             24 SEA (L38 OR L4) AND (L42 OR L19)
L44             18 SEA (L38 OR L4) AND L42
L45             20 SEA (L41 OR L44) NOT L29
L46              4 SEA (L34 OR L43) NOT (L29 OR L45)

     FILE 'REGISTRY' ENTERED AT 11:43:35 ON 21 AUG 1998
                  E ASCORBIC ACID/CN
L47              2 SEA "ASCORBIC ACID"/CN

     FILE 'HCA' ENTERED AT 11:44:19 ON 21 AUG 1998
L48           3743 SEA (CHEST# OR THORAX? OR THORAC?)(2A)(SPASM? OR PAIN?
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                  OR ACHING# OR SEIZUR? OR PAROXYSM? OR CRAMP?) OR ANGINA?
                  OR CHESTPAIN? OR ANGOR#(2A) PECTOR? OR STENOCARDIA?
L49           1231 SEA LIMEADE# OR LIME#(2A)(JUIC? OR CONC# OR CONCENTRATE?
                  OR EXT# OR EXTN# OR EXTRACT? OR ESSENCE? OR DRINK? OR
                  IMBIB? OR INGEST? OR PULP?)
L50           6233 SEA ORANGEADE# OR LEMONADE# OR (CITRUS? OR ORANGE# OR
                  LEMON# OR GRAPEFRUIT? OR CITRON?)(2A)(JUIC? OR CONC# OR
                  CONCENTRATE? OR EXT# OR EXTN# OR EXTRACT? OR ESSENCE? OR
                  DRINK? OR IMBIB? OR INGEST? OR PULP?)
L51          56152 SEA L47 OR L20
L52              0 SEA L48 AND L49
L53              2 SEA L48 AND L50
L54             22 SEA L48 AND L51
L55             22 SEA L54 NOT L53

     FILE HOME

     FILE WPIDS
     FILE LAST UPDATED: 19 AUG 1998              <19980819/UP>
     >>>UPDATE WEEKS:
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     DERWENT WEEK FOR CHEMICAL CODING:   199828
     DERWENT WEEK FOR POLYMER INDEXING:  199830
     DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE
     >>> D COST AND SET NOTICE DO NOT REFLECT SUBSCRIBER DISCOUNTS -
                                        SEE HELP COST FOR DETAILS <<<
     >>> DELIMITED FORMAT DALL NOW AVAILABLE <<<

     FILE BIOSIS
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FILE COVERS 1969 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT
FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 13 August 1998 (980813/ED)
CAS REGISTRY NUMBERS (R) LAST ADDED: 13 August 1998 (980813/UP)

FILE EMBASE
FILE COVERS 1974 TO 20 Aug 1998 (19980820/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

FILE MEDLINE
FILE LAST UPDATED: 20 AUG 1998 (19980820/UP). FILE COVERS 1966 TO

THE MEDLINE FILE WAS RELOADED FEBRUARY 15, 1998, TO REFLECT THE ANN
MESH (MEDICAL SUBJECT HEADING) CHANGES. ENTER HELP RLOAD FOR DETAI

THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE
SUBSTANCE IDENTIFICATION.

FILE REGISTRY
STRUCTURE FILE UPDATES: 15 AUG 98 HIGHEST RN 209953-62-8
DICTIONARY FILE UPDATES: 20 AUG 98 HIGHEST RN 209953-62-8

TSCA INFORMATION NOW CURRENT THROUGH JANUARY 14, 1998

Please note that search-term pricing does apply when conducting SmartSELECT searches.

Stereochemical name changes have been adopted and appear in CN's beginning 6/29/30. See the online news message for details.

** Notice ** If you recently ran a CSS search involving an AK-carbon connection, please enter NEWS at an arrow prompt for a message containing important details.

FILE HCA
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FILE COVERS 1967 - 15 Aug 1998 (980815/ED) VOL 129 ISS 8

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> file hca
FILE 'HCA' ENTERED AT 11:48:56 ON 21 AUG 1998
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

FILE COVERS 1967 - 15 Aug 1998 (980815/ED) VOL 129 ISS 8

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> d l53 1-2 cbib abs hitstr hitind

L53 ANSWER 1 OF 2 HCA COPYRIGHT 1998 ACS
126:338275 Nisoldipine coat-core: a review of its pharmacodynamic and pharmacokinetic properties and clinical efficacy in the management of ischemic heart disease. Langtry, Heather D.; Spencer, Caroline M. (Adis International Limited, Auckland, N. Z.). Drugs, 53(5), 867-884 (English) 1997. CODEN: DRUGAY. ISSN: 0012-6667. Publisher: Adis.

AB A review with 48 refs. Nisoldipine coat-core is an extended-release once-daily formulation of a dihydropyridine calcium antagonist effective in the treatment of chronic stable **angina** pectoris. With immediate-release formulations of nisoldipine, plasma drug concns. that produce therapeutic effects result rapidly, but are not sustained and do not maintain the effects throughout a 12-h dosage interval. In contrast, with nisoldipine coat-core, a gradual increase in plasma nisoldipine concns. occurs over 12 h and therapeutic concns. are then maintained for the duration of a 24-h dosage interval. In dosages of 10 to 60mg once daily, nisoldipine coat-core controls symptoms of **angina** and improves exercise-induced signs of ischemia in patients with stable **angina**. Compared with placebo, daily nisoldipine coat-core doses of.gtoreq.20mg provide statistically significant increases in total exercise time and time to produce **angina** and a trend towards an increase in the time to produce 1mm ST segment depression, in exercise tests conducted .apprxeq.23 h postdose. When administered in 20 and 40mg daily doses, nisoldipine coat-core produces improvements in exercise test parameters that are similar to those seen with amlodipine 5 or 10 mg/day or regular-release or sustained-release (SR) diltiazem 240 mg/day. The frequency of daily **angina** attacks and consumption of short-acting nitrates are also reduced by nisoldipine to a similar extent to that obsd. with these other agents. After longer term (1 yr) administration of 10 to 60mg daily, improvements in exercise test parameters are maintained, with equiv. anti-ischemic efficacy seen in patients

receiving nisoldipine coat-core alone or with background nitrate or .beta.-blocker therapy. Adverse events assocd. with nisoldipine coat-core are typical of the dihydropyridine class of calcium antagonists, with peripheral edema and headache being most common. Nisoldipine coat-core appears to be assocd. with fewer deaths than placebo, notably in the DEFIANT-II (Doppler Flow and Echocardiog. in Functional Cardiac Insufficiency: Assessment of Nisoldipine Therapy II) study, where only 1 death occurred with nisoldipine compared with 7 in the placebo group. Nisoldipine should not be taken during phenytoin therapy. In addn., **grapefruit juice** should be avoided during nisoldipine therapy and nisoldipine should not be taken concurrently with high-fat meals. Thus, the coat-core formulation of nisoldipine appears to have overcome the limitations of the shorter duration of action of immediate-release nisoldipine. Nisoldipine coat-core is well tolerated and once-daily administration produces a long duration of effective anti-ischemic relief in patients with chronic stable **angina** pectoris.

CC 1-0 (Pharmacology)

L53 ANSWER 2 OF 2 HCA COPYRIGHT 1998 ACS

74:115882 Citric acid pharmaceutical compositions. Renie, Jeanne Fr. M. FR 6334 681104, 4 pp. (French). CODEN: FMXXAJ. APPLICATION: FR 661213.

AB The use of citric acid (I) as a purgative, as a fluidizing agent for blood, or as a urine pH adjuster may give rise to toxic effects at the doses normally required. By using a combination of I with its alkali metal salts such side-effects are avoided. A formulation presented in a sachet contained 1.3 g I, 2 g mono-Na citrate, 2 g mono-K citrate, 1 mg tartrazine yellow, 40 mg **lemon essence**, 40 mg **orange essence**, 9 mg mandarin essence, and sucrose to 16 g. The compn. was useful in treatment of pain caused by **angina** and rheumatism.

IC A61K

CC 63 (Pharmaceuticals)

ST citrate compns **angina**; rheumatism citrate compns

=> d l55 1-22 ti

L55 ANSWER 1 OF 22 HCA COPYRIGHT 1998 ACS

TI Compositions and methods for inhibiting thrombogenesis

L55 ANSWER 2 OF 22 HCA COPYRIGHT 1998 ACS

TI Use of hydroxyguanidines for treatment or prevention of an ischemic disease

L55 ANSWER 3 OF 22 HCA COPYRIGHT 1998 ACS

TI Compositions and methods for inhibiting thrombogenesis

L55 ANSWER 4 OF 22 HCA COPYRIGHT 1998 ACS

TI Responses to acute myocardial stress and prior drug therapy on plasma levels of antioxidants and oxidants and the proposed role of

interventions on molecular adaptations

L55 ANSWER 5 OF 22 HCA COPYRIGHT 1998 ACS
TI Heparin preparations for inhibiting thrombogenesis

L55 ANSWER 6 OF 22 HCA COPYRIGHT 1998 ACS
TI Usefulness of antioxidant vitamins in suspected acute myocardial infarction (the Indian experiment of infarct survival-3)

L55 ANSWER 7 OF 22 HCA COPYRIGHT 1998 ACS
TI Treatment for atherosclerosis and other cardiovascular and inflammatory diseases with dithiocarboxylates and dithiocarbamates which block VCAM-1 expression

L55 ANSWER 8 OF 22 HCA COPYRIGHT 1998 ACS
TI Evaluation of the antioxidant properties of the angiotensin-converting enzyme inhibitor, captopril and the nucleotide enhancing agent, acadesine

L55 ANSWER 9 OF 22 HCA COPYRIGHT 1998 ACS
TI Blood antioxidants and indices of lipid peroxidation in subjects with **angina** pectoris

L55 ANSWER 10 OF 22 HCA COPYRIGHT 1998 ACS
TI Sustained-release trapidil tablets

L55 ANSWER 11 OF 22 HCA COPYRIGHT 1998 ACS
TI Increased risk of cardiovascular disease at suboptimal plasma concentrations of essential antioxidants: an epidemiological update with special attention to carotene and **vitamin C**

L55 ANSWER 12 OF 22 HCA COPYRIGHT 1998 ACS
TI Preparation of novel **ascorbic acid** derivatives as free-radical scavengers and cellular protective agents

L55 ANSWER 13 OF 22 HCA COPYRIGHT 1998 ACS
TI Plasma antioxidants and selenium in relation to the development of ischemic heart disease

L55 ANSWER 14 OF 22 HCA COPYRIGHT 1998 ACS
TI Controlled-release oral formulations containing diltiazem or its salts

L55 ANSWER 15 OF 22 HCA COPYRIGHT 1998 ACS
TI Lipid peroxidation in thrombocytes of patients with ischemic heart disease

L55 ANSWER 16 OF 22 HCA COPYRIGHT 1998 ACS
TI Controlled-release pellets and capsules containing verapamil for use as a single daily dosage

L55 ANSWER 17 OF 22 HCA COPYRIGHT 1998 ACS
TI **Vitamin C**, high density lipoproteins and heart disease in elderly subjects

L55 ANSWER 18 OF 22 HCA COPYRIGHT 1998 ACS
TI Drug based on nonachlazine

L55 ANSWER 19 OF 22 HCA COPYRIGHT 1998 ACS
TI Treating heart disease with creatinol O-phosphate

L55 ANSWER 20 OF 22 HCA COPYRIGHT 1998 ACS
TI Dialkylcysteine complexes with antimonials and arsenicals

L55 ANSWER 21 OF 22 HCA COPYRIGHT 1998 ACS
TI Resistance of blood capillaries in patients with myocardial infarction and **angina** pectoris and the influence exercised by anticoagulants and a preparation made of Sorbus aucuparia-"vitamin CP"

L55 ANSWER 22 OF 22 HCA COPYRIGHT 1998 ACS
TI Effect of vitamins B6, B12, and C on amino acid balance in blood during coronary atherosclerosis, myocardial infarction, and hypertonia

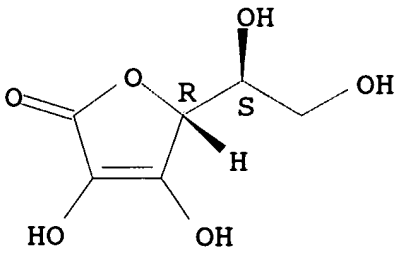
=> d l55 1,3,6,9,17,21,22 cbib abs hitstr hitind

L55 ANSWER 1 OF 22 HCA COPYRIGHT 1998 ACS
129:58856 Compositions and methods for inhibiting thrombogenesis. Weitz, Jeffrey I.; Hirsh, Jack; Young, Edward (Hamilton Civic Hospitals Research Development Inc., Can.). U.S. US 5763427 A 980609, 65 pp. Cont.-in-part of U. S. 5,744,457. (English). CODEN: USXXAM. APPLICATION: US 96-624327 960329. PRIORITY: US 95-412332 950331; US 95-540324 951006.

AB The present invention provides compns. and methods for inactivating thrombin bound to fibrin within a thrombus or clot, whereby the ability of clot-bound thrombin to catalytically promote further clot accretion is substantially diminished or eliminated. The compns. and methods of the present invention are particularly useful for preventing thrombosis in the circuit of cardiac bypass app. and in patients undergoing renal dialysis, and for treating patients suffering from or at risk of suffering from thrombus-related cardiovascular conditions, such as unstable **angina**, acute myocardial infarction (heart attack), cerebrovascular accidents (stroke), pulmonary embolism, deep vein thrombosis, arterial thrombosis, etc.

IT **50-81-7**, **Ascorbic acid**, uses
(oxidizing agent; compns. and methods for inhibiting thrombogenesis)
RN 50-81-7 HCA
CN L-Ascorbic acid (8CI, 9CI) (CA INDEX NAME)

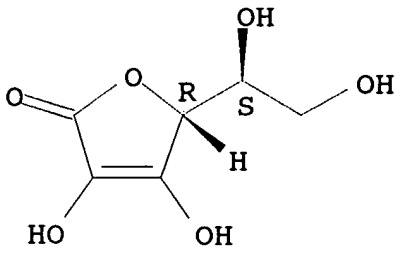
Absolute stereochemistry.



IC ICM A61K031-725
ICS C08B037-10
NCL 514056000
CC 63-7 (Pharmaceuticals)
Section cross-reference(s): 1
IT **50-81-7, Ascorbic acid**, uses 67-68-5, Dmso, uses 546-67-8, Lead tetraacetate 7790-28-5, Sodium periodate
(oxidizing agent; compns. and methods for inhibiting thrombogenesis)

L55 ANSWER 3 OF 22 HCA COPYRIGHT 1998 ACS
128:312895 Compositions and methods for inhibiting thrombogenesis. Weitz, Jeffrey I.; Hirsh, Jack; Young, Edward (Hamilton Civic Hospitals Research Development Inc., Can.). U.S. US 5744457 A 980428, 67 pp. Cont.-in-part of U.S. Ser. No. 412,332, abandoned. (English). CODEN: USXXAM. APPLICATION: US 95-540324 951006. PRIORITY: US 95-412332 950331.
AB The present invention provides compns. and methods for inactivating thrombin bound to fibrin within a thrombus or clot, whereby the ability of clot-bound thrombin to catalytically promote further clot accretion is substantially diminished or eliminated. The compns. contg. heparin cofactor II-specific catalysts are particularly useful for preventing thrombosis in the circuit of cardiac bypass app. and in patients undergoing renal dialysis, and for treating patients suffering from or at risk of suffering from thrombus-related cardiovascular conditions, such as unstable **angina**, acute myocardial infarction (heart attack), cerebrovascular accidents (stroke), pulmonary embolism, deep vein thrombosis, arterial thrombosis, etc. The heparin prepns. consist of the lowest 1/3 mol. wt. fraction isolated from unfractionated heparin.
IT **50-81-7, Ascorbic acid**, reactions
(oxidizing agent; heparin fractions for inhibiting thrombogenesis)
RN 50-81-7 HCA
CN L-Ascorbic acid (8CI, 9CI) (CA INDEX NAME)

Absolute stereochemistry.



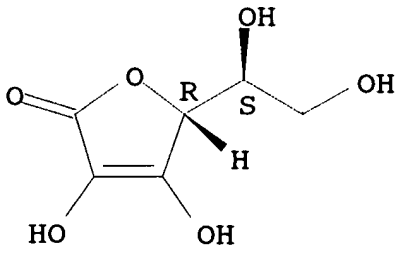
IC ICM A61K031-725
ICS C08B037-10
NCL 514056000
CC 63-3 (Pharmaceuticals)
Section cross-reference(s): 1
IT **50-81-7**, **Ascorbic acid**, reactions
67-68-5, Dmso, reactions 546-67-8, Lead tetraacetate 7790-28-5, Sodium periodate
(oxidizing agent; heparin fractions for inhibiting thrombogenesis)

L55 ANSWER 6 OF 22 HCA COPYRIGHT 1998 ACS
124:259419 Usefulness of antioxidant vitamins in suspected acute myocardial infarction (the Indian experiment of infarct survival-3). Singh, Ram B.; Niaz, Mohammad A.; Rastogi, Shanti S.; Rastogi, Sharad (Centre Nutrition and Heart Research Laboratory, Medical Hospital and Research Centre, Moradabad, 244001, India). Am. J. Cardiol., 77(4), 232-6 (English) 1996. CODEN: AJCDAG. ISSN: 0002-9149.
AB In a randomized, double-blind, placebo-controlled trial, the effects of combined treatment with the antioxidant vitamins A (50,000 IU/day), **vitamin C** (1,000 mg/day), vitamin E (400 mg/day), and .beta.-carotene (25 mg/day) were compared for 28 days in 63 (intervention group) and 62 (placebo group) patients with suspected acute myocardial infarction. After treatment with antioxidants, the mean infarct size (creatine kinase and creatine kinase-MB gram equiv.) was significantly less in the antioxidant group than in the placebo group. Serum glutamic-oxaloacetic transaminase decreased by 45.6 IU/dL in the antioxidant group vs. 25.8 IU/dL in the placebo group ($p < 0.02$). Cardiac enzyme lactate dehydrogenase increased slightly (88.6 IU/dL) in the antioxidant group compared with that in the placebo group (166.5 IU/dL) ($p < 0.01$). QRS score in the ECG was significantly less in the antioxidant than in the placebo group. The following levels increased in the antioxidant group vs. the placebo group, resp.: plasma levels of vitamin E increased by 8.8 and 2.2 .mu.mol/L ($p < 0.01$), **vitamin C** increased by 12.6 and 4.2 .mu.mol/L ($p < 0.01$), .beta.-carotene increased by 0.28 and 0.06 .mu.mol/L ($p < 0.01$), and vitamin A increased by 0.36 and 0.12 .mu.mol/L ($p < 0.01$). Serum lipid peroxides decreased by 1.22

pmol/mL in antioxidant vs. 0.22 pmol/mL in the placebo group ($p < 0.01$). **Angina** pectoris, total arrhythmias, and poor left ventricular function occurred less often in the antioxidant group. Cardiac end points were significantly less in the antioxidant group (20.6% vs 30.6%, resp.). These results suggest that combined treatment with antioxidant **vitamins** A, E, **C**, and .beta.-carotene in patients with recent acute myocardial infarction may be protective against cardiac necrosis and oxidative stress, and could be beneficial in preventing complications and cardiac event rate in such patients.

IT **50-81-7**, **Vitamin c**, biological studies
(usefulness of antioxidant vitamins in suspected acute myocardial infarction)
RN 50-81-7 HCA
CN L-Ascorbic acid (8CI, 9CI) (CA INDEX NAME)

Absolute stereochemistry.



CC 18-2 (Animal Nutrition)
IT Heart, disease
(**angina** pectoris, usefulness of antioxidant vitamins in suspected acute myocardial infarction)
IT **50-81-7**, **Vitamin c**, biological studies
1406-18-4, Vitamin e 7235-40-7, .beta.-Carotene 9001-60-9, Lactate dehydrogenase 11103-57-4, Vitamin a
(usefulness of antioxidant vitamins in suspected acute myocardial infarction)

L55 ANSWER 9 OF 22 HCA COPYRIGHT 1998 ACS
121:277888 Blood antioxidants and indices of lipid peroxidation in subjects with **angina** pectoris. Duthie, Garry G.; Beattie, James A. G.; Chb, Mb; Arthur, John R.; Franklin, Michael; Morrice, Philip C.; James, W. Philip T. (Scottish Agricultural Statistical Service, Rowett Research Institute, Bucksburn/Aberdeen, UK). Nutrition (Syracuse, N. Y.), 10(4), 313-16 (English) 1994. CODEN: NUTRER. ISSN: 0899-9007.
AB We tested the antioxidant hypothesis of coronary heart disease (CHD) by comparing blood antioxidants, indexes of lipid peroxidn. and classic (CHD) risk factors of 25 subjects with stable **angina** pectoris with 200 matched controls. **Angina** subjects had significantly increased plasma concns. of total cholesterol, low d.

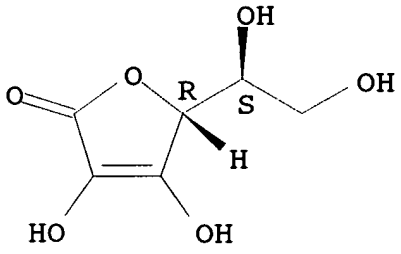
lipoproteins and triglycerides although body mass index, plasma cotinine concn. and blood pressure were similar to those of the control group. Plasma concns. of **vitamin** A, **vitamin C** and cholesterol- adjusted vitamin E did not differ between the groups although subjects with **angina** had significantly decreased plasma uric acid concns. and elevated indexes of lipid peroxidn. Although the results are compatible with the antioxidant hypothesis, it is unclear whether the increased oxidative stress in **angina** sufferers is a cause or consequence of the disease.

IT **50-81-7**, **Vitamin C**, biological studies
(blood antioxidants and indexes of lipid peroxidn. in relation to human **angina** pectoris)

RN 50-81-7 HCA

CN L-Ascorbic acid (8CI, 9CI) (CA INDEX NAME)

Absolute stereochemistry.



CC 14-5 (Mammalian Pathological Biochemistry)

ST **angina** pectoris blood antioxidant lipid peroxidn

IT Glycerides, biological studies
Lipids, biological studies
(blood antioxidants and indexes of lipid peroxidn. in relation to human **angina** pectoris)

IT Heart, disease
(**angina** pectoris, blood antioxidants and indexes of lipid peroxidn. in relation to human **angina** pectoris)

IT Lipoproteins
(low-d., blood antioxidants and indexes of lipid peroxidn. in relation to human **angina** pectoris)

IT Lipids, biological studies
(peroxides, blood antioxidants and indexes of lipid peroxidn. in relation to human **angina** pectoris)

IT **50-81-7**, **Vitamin C**, biological studies
57-88-5, Cholesterol, biological studies 69-93-2, Uric acid, biological studies 486-56-6, Cotinine 1406-18-4, Vitamin E 11103-57-4, Vitamin A
(blood antioxidants and indexes of lipid peroxidn. in relation to human **angina** pectoris)

L55 ANSWER 17 OF 22 HCA COPYRIGHT 1998 ACS

91:155662 **Vitamin C**, high density lipoproteins and heart disease in elderly subjects. Bates, C. J.; Burr, M. K.; St. Leger, A. S. (Dunn Nutr. Unit, MRC, Cambridge, Engl.). Age Ageing, 8(3), 177-82 (English) 1979. CODEN: AANGAH. ISSN: 0002-0729.

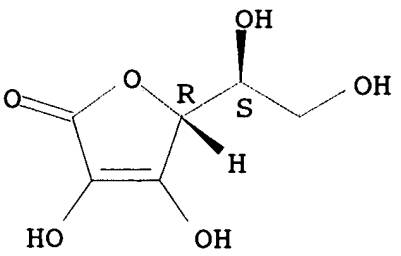
AB Plasma **vitamin C**, total and high d. lipoprotein (HDL) cholesterol and cortisol levels were measured in elderly subjects. There was a sex difference, over all age groups, in plasma **vitamin C** and in total HDL cholesterol levels. Plasma **vitamin C** was strongly correlated with fruit intake in both sexes. Both HDL cholesterol and low and very low d. lipoprotein (LDL + VLDL) cholesterol levels tended to increase with increasing plasma **vitamin C** but this reached significance only for the LDL + VLDL fraction. In addn. HDL cholesterol was neg. correlated with Quetelet's index (wt./height) in the women. Symptoms and medication for heart disease did not correlate with plasma **vitamin C** or with HDL cholesterol levels, but reported **angina** showed a weak pos. assocn. with total cholesterol in the men, and there was some evidence of increased cortisol levels in subjects with heart disease.

IT **50-81-7**, biological studies
(of blood plasma, in senescence, heart disease in relation to)

RN 50-81-7 HCA

CN L-Ascorbic acid (8CI, 9CI) (CA INDEX NAME)

Absolute stereochemistry.



CC 14-4 (Mammalian Pathological Biochemistry)
Section cross-reference(s): 13, 18

ST heart disease lipoprotein **vitamin c**; senescence heart disease lipoprotein

IT Heart, disease or disorder
(lipoproteins and **vitamin C** in, in senescence)

IT Sex
(lipoproteins and **vitamin C** of blood plasma and heart disease in relation to, in senescence)

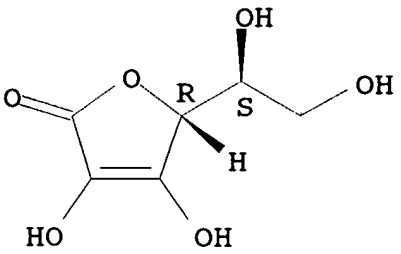
IT Senescence and Senility
(lipoproteins and **vitamin C** of blood plasma in, heart disease in relation to)

IT Blood plasma

(**vitamin C** of, in senescence, heart disease
in relation to)
IT **50-81-7**, biological studies
(of blood plasma, in senescence, heart disease in relation to)

L55 ANSWER 21 OF 22 HCA COPYRIGHT 1998 ACS
67:31489 Resistance of blood capillaries in patients with myocardial infarction and **angina** pectoris and the influence exercised by anticoagulants and a preparation made of Sorbus aucuparia-"vitamin CP". Golubenko, V. G. (N. I. Pinogov II Mosk. Med. Inst., Moscow, USSR). Sov. Med., 30(4), 98-101 (Russian) 1967. CODEN: SOMEAU.
AB Resistance of blood capillaries decreased in 38 patients suffering from myocardial infarction immediately after the attack. Since application of the anticoagulating agents, Fenilin (2-phenyl-1,3-indandione) of Nafaron (the former being more potent than the latter), further reduced the capillary resistance, hemorrhagic complications were prevented with a vitamin mixt. isolated from S. aucuparia; there was 50 mg. vitamin P and 25 mg. **vitamin C** in one pill. The patients (24) were given 3 pills/day for 5-15 days; the capillary resistance normalized in 8 patients.
IT **50-81-7**, biological studies
(capillary resistance response to anticoagulants and, in myocardial infarction)
RN 50-81-7 HCA
CN L-Ascorbic acid (8CI, 9CI) (CA INDEX NAME)

Absolute stereochemistry.



CC 15 (Pharmacodynamics)
IT **50-81-7**, biological studies
(capillary resistance response to anticoagulants and, in myocardial infarction)

L55 ANSWER 22 OF 22 HCA COPYRIGHT 1998 ACS
66:53335 Effect of vitamins B6, B12, and C on amino acid balance in blood during coronary atherosclerosis, myocardial infarction, and hypertonia. Sulimovskaya, N. A.; Brovko-Burkhanova, N. Z.; Konakov, N. M.; Kamenetskaya, V. Ya. Kazan. Med. Zh. (5), 10-13 (Russian) 1966. CODEN: KAMZA9.

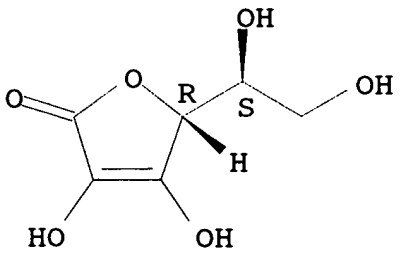
AB The quant. and qual. amino acid compn. in blood serum during various stages of coronary atherosclerosis with administered vitamins B6, B12, and C was studied in 125 patients (17 with acute myocardial infarction, 64 with coronary atherosclerosis and **stenocardia**, 44 with coronary atherosclerosis and hypertension) 46-70 years old, 79 men and 46 women. A decrease in the concns. of glycine, valine, threonine, and leucine plus isoleucine, and an increase in aspartic and glutamic acids, and esp. of tyrosine and phenylalanine, were found in myocardial infarction. The treatments to some extent normalized the content of tyrosine, phenylalanine, aspartic acid, and glutamic acid. The **stenocardia** group had increased levels of phenylalanine and tyrosine. The vitamin therapy tended to normalize the values. In the hypotensive patients, there were increased levels of tyrosine and phenylalanine and decreased levels of valine and threonine. Vitamin therapy again changed levels toward normal.

IT **50-81-7**, biological studies
(amino acids in blood serum in atherosclerosis in therapy with)

RN 50-81-7 HCA

CN L-Ascorbic acid (8CI, 9CI) (CA INDEX NAME)

Absolute stereochemistry.



CC 10 (Animal Nutrition)

ST ATHEROSCLEROSIS VITAMINS; VITAMINS ATHEROSCLEROSIS; AMINO ACIDS ATHEROSCLEROSIS; PYRIDOXINE ATHEROSCLEROSIS; **ASCORBATE** ATHEROSCLEROSIS; CYANOCOBALAMIN ATHEROSCLEROSIS

IT **50-81-7**, biological studies 68-19-9, biological studies
(amino acids in blood serum in atherosclerosis in therapy with)

=> file wpids
FILE 'WPIDS' ENTERED AT 11:56:12 ON 21 AUG 1998
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FILE LAST UPDATED: 19 AUG 1998 <19980819/UP>
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MOST RECENT DERWENT WEEK 199833 <199833/DW>
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DERWENT WEEK FOR POLYMER INDEXING: 199830
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE
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=> d l31 1-15 ti

L31 ANSWER 1 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Use of hydroxy-guanidine compounds for treating ischaemic conditions - including extracorporeal treatment of an organ intended for transplantation and treatment of pre-term children suffering from hypoxia.

L31 ANSWER 2 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Novel sodium salt of **ascorbic acid** complexed with ferric chloride and having increased anti-ischemia activity - includes reacting **ascorbic acid** sequentially with sodium carbonate and ferric chloride in water.

L31 ANSWER 3 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Liposomes for drug delivery for treating ischaemic heart diseases - contains membrane forming lipid comprising phosphatidyl- choline contg. docosa-hexa enoic acid.

L31 ANSWER 4 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Nutritional prepn. for normalising immune function - contains aminoacid(s), vitamins, minerals, trace elements and emulsifier.

L31 ANSWER 5 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI New peptide having antagonistic activity against endothelin - for treatment and prophylaxis of hypertension, ischaemic heart failure, **angina** pectoris, asthma etc..

L31 ANSWER 6 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Medicinal lozenge "askosept" - contains camphor, menthol, thymol or benzyl alcohol as antiseptic, additional **ascorbic acid** and cetyl-pyridinium chloride, and caramel mass.

L31 ANSWER 7 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Sustained-release trapidil tablet - allows admin. once or twice daily in treatment of **angina** pectoris etc,.

L31 ANSWER 8 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Stabilising 4-ethyl-2-hydroxyimino-5-nitro-3-hexenamide - by mixing with e.g. tartaric or stearic acid, useful as vasodilator and antithrombotic agent.

L31 ANSWER 9 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI New 3,4-di hydroxy-2,5-di hydro-furan-5-one derivs. - are **ascorbic acid** analogues with antioxidant and free radical scavenging properties, useful against inflammation, cancer etc..

L31 ANSWER 10 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Novel phosphoric and di ester(s) or their salts - prepd. by halo phosphorylating chroman deriv., reacting prod. with protected **ascorbic acid** and removing projecting gps..

L31 ANSWER 11 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Prostaglandin balance modifying compsn. - contg. gamma-linolenic acid source and spironolactone.

L31 ANSWER 12 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Compsn. for enhancing prostaglandin-1 prodn. - contg. gamma-linolenic acid or equiv. and vitamin-A active cpd..

L31 ANSWER 13 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Oral dipyridamole dosage forms - contg. excess of organic acid, with higher bio availability than solns..

L31 ANSWER 14 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Pharmaceutical compsn. for **angina** pectoris attack treatment - contg. nonachazin, ethanol, sodium metabisulphite, sodium chloride and water.

L31 ANSWER 15 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
TI Stabilization of cytochrome c.

=> d l31 6,7,14 ibib abs

L31 ANSWER 6 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
ACCESSION NUMBER: 93-218806 [27] WPIDS
DOC. NO. CPI: C93-097498
TITLE: Medicinal lozenge "askosept" - contains camphor, menthol, thymol or benzyl alcohol as antiseptic, additional **ascorbic acid** and cetyl-pyridinium chloride, and caramel mass.
DERWENT CLASS: B03 B05
INVENTOR(S): BOLDIN, V K; BOLDINA, I M
PATENT ASSIGNEE(S): (BOLD-I) BOLDINA I M
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 1748636	A3	920715	(9327)*		3

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
SU 1748636	A3	SU 91-5003645	911008

PRIORITY APPLN. INFO: SU 91-5003645 911008
AN 93-218806 [27] WPIDS
AB SU 1748636 A UPAB: 931116
The method uses thymol (IA) or benzyl alcohol (IB) as antiseptic and addn. of **ascorbic acid** (II) and cetylpyridinium chloride (III) to improve properties of the mixt.

The mixt. contains (in wt.%): camphor 0.006-0.015, menthol 0.1-0.4, (IA) 0.006-0.015 or (IB) 0.11-0.14, (II) 2.2-2.7, (III) 0.02-0.06 and caramel mass the rest.

USE/ADVANTAGE - In the mfr. of medicinal lozenges for prevention and treatment of infectious and inflammatory processes in oral cavity and throat. Better medicinal properties. The lozenges have good organoleptic properties and this makes them particularly suitable for children.

In an example, tests carried out on 87 voluntary patients showed that the lozenges were successful in patients with beginnings of the symptoms of influenza, catarrhal **angina**, nasopharyngitis, etc. Bul.26/15.7.92
Dwg.0/0

L31 ANSWER 7 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
ACCESSION NUMBER: 93-182225 [22] WPIDS
DOC. NO. CPI: C93-080660
TITLE: Sustained-release trapidil tablet - allows admin. once or twice daily in treatment of **angina** pectoris etc,.
DERWENT CLASS: B02
INVENTOR(S): IWASA, A; KASAI, S; KAWAMURA, Y; OKADA, M; SUZUKI, M
PATENT ASSIGNEE(S): (SSSE) SS PHARM CO
COUNTRY COUNT: 19
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9309781	A1	930527	(9322)*	JA	24
RW: AT BE CH DE DK ES FR GB GR IE IT LU MC NL SE					
W: CA KR US					
JP 05139975	A	930608	(9327)		14

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 9309781	A1	WO 92-JP1472	921111
JP 05139975	A	JP 91-299096	911114

PRIORITY APPLN. INFO: JP 91-299096 911114
AN 93-182225 [22] WPIDS
AB WO 9309781 A UPAB: 931115

Tablets contg. 100 parts (by weight) trapidil, 10-50 parts organic acid and a wax (pref. 25-400 parts) show a slow, sustained release of trapidil, which is unaffected by pH changes.

More specifically the organic acid is succinic acid, citric acid, fumaric acid, tartaric **acid**, adipic **acid**, **ascorbic acid** or malic acid.

A typical tablet contains 250 mg hardened castor oil, 25 mg stearic acid, 25 mg triglyceride, 150 mg trapidil, 5-0 mg fumaric acid and 5 mg magnesium stearate.

ADVANTAGE - The half-life of trapidil in the blood is approx. 90 mins., so previously it has been necessary to administer the drug frequently to preserve the physiological effect. These tablets allow the effective concn. to be maintained when taken only once or twice daily.

Dwg.0/8

ABEQ JP05139975 A UPAB: 931116

Tablets contg. 100 parts (by weight) trapidil, 10-50 parts organic acid and a wax (pref. 25-400 parts) show a slow, sustained release of trapidil, which is unaffected by pH changes. More specifically the organic acid is succinic acid, citric acid, fumaric acid, tartaric **acid**, adipic **acid**, **ascorbic acid** or malic acid. A typical tablet contains 250 mg hardened castor oil, 25 mg stearic acid, 25 mg triglyceride, 150 mg trapidil, 5-0 mg fumaric acid and 5 mg magnesium stearate.

ADVANTAGE - The half-life of trapidil in the blood is approx. 90 mins., so previously it has been necessary to administer the drug frequently to preserve the physiological effect. These tablets allow the effective concn. to be maintained when taken only once or twice daily.

L31 ANSWER 14 OF 15 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
ACCESSION NUMBER: 79-25466B [13] WPIDS
TITLE: Pharmaceutical compsn. for **angina** pectoris attack treatment - contg. nonachazin, ethanol, sodium metabisulphite, sodium chloride and water.
DERWENT CLASS: B05
INVENTOR(S): ASTASHINA, I A; SHMARYAN, M I; ZAKUSOV, V V
PATENT ASSIGNEE(S): (AMPH-R) AMS PHARMACOLOGY
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 606582	A	780426	(7913)*		

PRIORITY APPLN. INFO: SU 76-2375914 760625
AN 79-25466B [13] WPIDS
AB SU 606582 A UPAB: 930901

Medicinal compsn. for the treatment of **stenocardia** attacks contains (in wt.%): nonachazin(I)1.59-14.57; 96% ethanol 4.04-32.3; **ascorbic acid** 0.2-0.21; sodium metabisulphite 0.09-0.1; sodium chloride 0.24-0.26 and distilled water 65.54-80.86. The compsn. is quick-acting and reduces the severity and the duration of cardiac attack.

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L27  ANSWER 1 OF 1  BIOSIS  COPYRIGHT 1998 BIOSIS
AN   80:130874  BIOSIS
DN   BA69:5870
TI   CONTINGENCY MANAGEMENT OF ADHERENCE TO A COMPLEX MEDICAL REGIMEN IN
     AN ELDERLY HEART PATIENT.
AU   DAPCICH-MIURA E; HOVELL M F
CS   LAB. STUD. BEHAV. MED., STANFORD UNIV. SCH. MED., SUITE 234, 730
     WELCH RD., PALO ALTO, CALIF. 94304, USA.
SO   BEHAV THER 10 (2). 1979.  193-201. CODEN: BHVTAK ISSN: 0005-7894
LA   English
AB   Whether token reinforcement could improve an elderly heart patient's
     adherence to his complex medical regimen was investigated. Using a
     multiple-baseline and reversal single-case experimental design, it
     was demonstrated that the reinforcement contingency was responsible
     for increasing his walking to more than twice/day, consumption of
     orange juice to an average of almost 3 glasses/day
     and consumption of 3 separate pills 3 times/day. A cessation of
     angina and an improvement in family relationships also
     occurred.
ST   ANGINA FAMILY RELATIONSHIP TOKEN ECONOMY
CC   Social Biology; Human Ecology  05500
     Behavioral Biology-Human Behavior  *07004
     Behavioral Biology-Conditioning  07005
     Physiology, General and Miscellaenous-Exercise and Physical Therapy
     12010
     Movement  12100
     Pathology, General and Miscellaneous-Therapy  12512
     Nutrition-General Studies, Nutritional Status and Methods  13202
     Food Technology-Fruits, Nuts and Vegetables  13504
     Cardiovascular System-Heart Pathology  *14506
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Dental and Oral Biology-General; Methods 19001
Nervous System-Physiology and Biochemistry 20504
Psychiatry-Psychopathology; Psychodynamics and Therapy *21002
Psychiatry-Psychophysiology *21003
Pharmacology-Clinical Pharmacology 22005
Pharmacology-Cardiovascular System 22010
Routes of Immunization, Infection and Therapy 22100
Gerontology *24500
Horticulture-Tropical and Subtropical Fruits and Nuts; Plantation Crops 53004
BC Rutaceae 26685
Hominidae 86215

=> d l32 1-21 ti

L32 ANSWER 1 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI Low plasma **ascorbic acid** independently predicts the presence of an unstable coronary syndrome.

L32 ANSWER 2 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI **Vitamin C** improves the abnormal vasomotor reactivity in spasm coronary arteries in patients with coronary spastic **angina**.

L32 ANSWER 3 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI **Ascorbic acid** concentration correlates independently with lower **angina** class.

L32 ANSWER 4 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI Usefulness of antioxidant vitamins in suspected acute myocardial infarction (The Indian Experiment of Infarct Survival-3).

L32 ANSWER 5 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI A secondary prevention trial of antioxidant vitamins and cardiovascular disease in women rationale, design, and methods.

L32 ANSWER 6 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI Platelet inhibitors and antioxidant vitamins in cardiovascular disease.

L32 ANSWER 7 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI POOR PLASMA STATUS OF CAROTENE AND **VITAMIN C** IS ASSOCIATED WITH HIGHER MORTALITY FROM ISCHEMIC HEART DISEASE AND STROKE BASEL PROSPECTIVE STUDY.

L32 ANSWER 8 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI LINOLEIC ACID VITAMINS AND CORONARY HEART DISEASE.

L32 ANSWER 9 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI RISK OF **ANGINA** PECTORIS AND PLASMA CONCENTRATIONS OF **VITAMIN** A **VITAMIN C** AND **VITAMIN**

E AND CAROTENE.

L32 ANSWER 10 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI NUTRITIONAL INTERVENTION IN ACUTE MYOCARDIAL INFARCTION.

L32 ANSWER 11 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI LOW PLASMA **VITAMINS** E AND **C** INCREASED RISK OF **ANGINA** IN SCOTTISH MEN.

L32 ANSWER 12 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI DIETARY CHANGE AND CORONARY HEART DISEASE.

L32 ANSWER 13 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI MECHANICAL ADAPTATION OF HEART RATE CHANGE FOR CORONARY CIRCULATION IN PATIENTS WITH AND WITHOUT VENTRICULAR HYPERTROPHY.

L32 ANSWER 14 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI PLATELET AGGREGATION IN 93 CASES OF CORONARY HEART DISEASE.

L32 ANSWER 15 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI IRON STATUS OF MEN WITH CARDIO VASCULAR DISEASE.

L32 ANSWER 16 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI AN AUTOMATED HIGH PRESSURE LIQUID CHROMATOGRAPHIC METHOD FOR THE ASSAY OF PROPRANOLOL AND ITS BASIC METABOLITES IN PLASMA AND URINE.

L32 ANSWER 17 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI PRINCIPLES OF THE DIAGNOSIS TREATMENT AND PROPHYLAXIS OF **ANGINA** AND CHRONIC TONSILLITIS.

L32 ANSWER 18 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI COMPLETE REMISSION OF CORONARY ARTERIOPATHIC SYMPTOMS WITH NUTRITIONAL THERAPY.

L32 ANSWER 19 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI **VITAMIN C** HIGH DENSITY LIPO PROTEINS AND HEART DISEASE IN ELDERLY SUBJECTS.

L32 ANSWER 20 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI HISTAMINE METABOLISM IN PATIENTS WITH CORONARY ATHERO SCLEROSIS.

L32 ANSWER 21 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
TI COMPARATIVE APPRAISAL OF THE EFFECTIVENESS OF DIFFERENT METHODS OF SECONDARY PROPHYLAXIS OF RHEUMATISM.

=> d l32 1,2,3,9,11,18 all

L32 ANSWER 1 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
AN 98:253297 BIOSIS
DN 01253297
TI Low plasma **ascorbic acid** independently predicts

the presence of an unstable coronary syndrome.
AU Vita J A; Keaney J F Jr; Raby K E; Morrow J D; Freedman J E; Lynch S; Koulouris S N; Hankin B R; Frei B
CS Sect. Cardiol., Boston Med. Center, One Medical Center Place, Boston, MA 02118, USA
SO Journal of the American College of Cardiology 31 (5). 1998. 980-986. ISSN: 0735-1097
LA English
PR Biological Abstracts Vol. 105 Iss. 012 Ref. 165645
AB Objectives. This study sought to investigate the relations between plasma antioxidant status, extent of atherosclerosis and activity of coronary artery disease. Background. Previous studies indicate that increased antioxidant intake is associated with decreased coronary disease risk, but the underlying mechanisms remain controversial. Methods. Plasma samples were obtained from 149 patients undergoing cardiac catheterization (65 with stable-**angina**, 84 with unstable **angina** or a myocardial infarction within 2 weeks). Twelve plasma antioxidant/oxidant markers were measured and correlated with the extent of atherosclerosis and the presence of an unstable coronary syndrome. Results. By multiple linear regression analysis, age (p lt 0.001), diabetes mellitus (p lt 0.001), male gender (p lt 0.001) and hypercholesterolemia (p = 0.02) were independent predictors of the extent of atherosclerosis. No antioxidant/oxidant marker correlated with the extent of atherosclerosis. However, lower plasma **ascorbic acid** concentration predicted the presence of an unstable coronary syndrome by multiple logistic regression (odds ratio (OR) 0.59, 95% confidence interval (CI) 0.40 to 0.89, p = 0.01). The severity of atherosclerosis also predicted the presence of an unstable coronary syndrome (OR 1.7, 95% CI 1.14 to 2.47, p = 0.008) when all patients were considered. When only patients with significant coronary disease were considered (at least one stenosis gt 50%), **ascorbic acid** concentration (OR 0.56, 95% CI 0.37 to 0.85, p = 0.008) and total plasma thiols (OR 0.52, 95% CI 0.34 to 0.80, p = 0.004) predicted the presence of an unstable coronary syndrome, whereas the extent of atherosclerosis did not. Conclusions. These data are consistent with the hypothesis that the beneficial effects of antioxidants in coronary artery disease may result, in part, by an influence on lesion activity rather than a reduction in the overall extent of fixed disease.
ST RESEARCH ARTICLE; HUMAN; PATIENT; CARDIOVASCULAR MEDICINE; UNSTABLE CORONARY SYNDROME; **ASCORBIC ACID**; INDEPENDENT CORONARY HEART DISEASE PREDICTOR; LOW PLASMA CONCENTRATION; PLASMA ANTIOXIDANT STATUS; CLINICAL CHEMISTRY; CORONARY ARTERY DISEASE; ATHEROSCLEROSIS; HEART DISEASE; VASCULAR DISEASE
RN 50-81-7Q, 62624-30-0Q (ASCORBIC ACID)
50-81-7Q, 62624-30-0Q (ASCORBIC ACID)
CC Clinical Biochemistry; General Methods and Applications *10006
Biochemistry-Gases *10012
Biochemical Studies-Vitamins 10063
Metabolism-Water-Soluble Vitamins *13018

Cardiovascular System-Physiology and Biochemistry *14504
Cardiovascular System-Heart Pathology *14506
Cardiovascular System-Blood Vessel Pathology *14508
Blood, Blood-Forming Organs and Body Fluids-Blood and Lymph Studies *15002
BC Hominidae 86215

L32 ANSWER 2 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
AN 98:19399 BIOSIS
DN 01019399
TI **Vitamin C** improves the abnormal vasomotor reactivity in spasm coronary arteries in patients with coronary spastic **angina.**
AU Kugiyama K; Ohgushi M; Motoyama T; Kawano H; Nakagawa O; Yasue H
CS Kumamoto Univ., Kumamoto, Japan
SO 70th Scientific Sessions of the American Heart Association, Orlando, Florida, USA, November 9-12, 1997. Circulation 96 (8 SUPPL.). 1997. I761. ISSN: 0009-7322
DT Conference
LA English
PR Biological Abstracts/RRM Vol. 050 Iss. 001 Ref. 007180
ST MEETING ABSTRACT; HUMAN; PATIENT; CARDIOVASCULAR MEDICINE; **VITAMIN C**; ANTIOXIDANT; ABNORMAL VASOMOTOR REACTIVITY; CORONARY ARTERY; CORONARY SPASTIC **ANGINA**; ACETYLCHOLINE; OXIDATIVE STRESS; CIRCULATORY SYSTEM; SPASM; HEART DISEASE; VASCULAR DISEASE
RN 50-81-7 (VITAMIN C)
51-84-3 (ACETYLCHOLINE)
CC General Biology-Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Biochemical Studies-General *10060
Cardiovascular System-General; Methods *14501
BC Hominidae 86215

L32 ANSWER 3 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
AN 97:6174 BIOSIS
DN 99305377
TI **Ascorbic acid** concentration correlates independently with lower **angina** class.
AU Vita J A; Keaney J F Jr; Hankin B; Koulouris S; Raby K E; Frei B
CS Boston Univ., Boston, MA, USA
SO 69th Scientific Sessions of the American Heart Association, New Orleans, Louisiana, USA, November 10-13, 1996. Circulation 94 (8 SUPPL.). 1996. I706. ISSN: 0009-7322
DT Conference
LA English
PR Biological Abstracts/RRM Vol. 049 Iss. 001 Ref. 007594
ST MEETING ABSTRACT; HUMAN; CARDIOVASCULAR SYSTEM; **ASCORBIC ACID**; ANTIOXIDANT; CORONARY ARTERY DISEASE; **ANGINA**; GLUCOSE; PLASMA CONCENTRATION; ATHEROSCLEROSIS; OXIDATIVE STRESS; ALPHA-TOCOPHEROL; BETA-CAROTENE; NUTRITION; F2 ISOPROSTANES; VASCULAR

DISEASE; HEART DISEASE; CLASS
RN 50-81-7 (ASCORBIC ACID)
50-99-7 (GLUCOSE)
59-02-9 (ALPHA-TOCOPHEROL)
7235-40-7 (BETA-CAROTENE)
CC General Biology-Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Biochemical Studies-Vitamins 10063
Biochemical Studies-Lipids 10066
Nutrition-Fat-Soluble Vitamins *13208
Cardiovascular System-Heart Pathology *14506
Cardiovascular System-Blood Vessel Pathology *14508
Blood, Blood-Forming Organs and Body Fluids-Blood and Lymph Studies *15002
BC Hominidae 86215

L32 ANSWER 9 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
AN 91:142181 BIOSIS
DN BA91:78721
TI RISK OF **ANGINA** PECTORIS AND PLASMA CONCENTRATIONS OF **VITAMIN** A **VITAMIN C** AND **VITAMIN** E AND CAROTENE.
AU RIEMERSMA R A; WOOD D A; MACINTYRE C C A; ELTON R A; GEY K F; OLIVER M F
CS CARDIOVASCULAR RES. UNIT, UNIVERSITY EDINBURGH, GEORGE SQUARE, EDINBURGH EH8 9XF, ENGL.
SO LANCET (N AM ED) 337 (8732). 1991. 1-5. CODEN: LANAAI
LA English
AB The relation between risk of **angina** pectoris and plasma concentrations of **vitamins** A, **C**, and E and carotene was examined in a population case-control study of 110 cases of **angina**, identified by the **Chest Pain** Questionnaire, and 394 controls selected from a sample of 6000 men aged 35-54. Plasma concentrations of **vitamins C** and E and carotene were significantly inversely related to the risk of **angina**. There was no significant relation with vitamin A. Smoking was a confounding factor. The inverse relation between **angina** and low plasma carotene disappeared and that with plasma **vitamin C** was substantially reduced after adjustment for smoking. Vitamin E remained independently and inversely related to the risk of **angina** after adjustment for age, smoking habit, blood pressure, lipids, and relative weight. The adjusted odds ratio for **angina** between the lowest and highest quantiles of vitamin E concentrations was 2.68 (95% confidence interval 1.07-6.70; p = 0.02). These findings suggest that some populations with a high incidence of coronary heart disease may benefit from eating diets rich in natural antioxidants, particularly vitamin E.
ST HUMAN LIPID AGE SMOKING CORONARY HEART DISEASE NATURAL ANTIOXIDANT-RICH DIET EPIDEMIOLOGY
RN 50-81-7 (VITAMIN C)

1406-18-4 (VITAMIN E)
68-26-8Q, 11103-57-4Q (VITAMIN A)
CC Behavioral Biology-Human Behavior *07004
Biochemical Studies-Vitamins 10063
Biochemical Studies-Lipids 10066
Nutrition-Fat-Soluble Vitamins *13208
Nutrition-Water-Soluble Vitamins *13210
Nutrition-General Dietary Studies 13214
Nutrition-Prophylactic and Therapeutic Diets *13218
Nutrition-Lipids 13222
Cardiovascular System-General; Methods 14501
Cardiovascular System-Heart Pathology *14506
Cardiovascular System-Blood Vessel Pathology *14508
Psychiatry-Addiction-Alcohol, Drugs, Smoking, etc. *21004
Toxicology-General; Methods and Experimental *22501
Gerontology *24500
Public Health: Epidemiology-Organic Diseases and Neoplasms *37054
BC Hominidae 86215

L32 ANSWER 11 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
AN 90:250224 BIOSIS
DN BR38:116812
TI LOW PLASMA **VITAMINS** E AND **C** INCREASED RISK OF **ANGINA** IN SCOTTISH MEN.
AU RIEMERSMA R A; WOOD D A; MACINTYRE C C A; ELTON R; GEY K F; OLIVER M F
CS CARDIOVASC. RES. UNIT, UNIV. EDINBURGH, EDINBURGH EH8 9XF, SCOTL.
SO DIPLOCK, A. T., ET AL. (ED.). ANNALS OF THE NEW YORK ACADEMY OF SCIENCES, VOL. 570. VITAMIN E: BIOCHEMISTRY AND HEALTH IMPLICATIONS; CONFERENCE, NEW YORK, NEW YORK, USA, OCTOBER 31-NOVEMBER 2, 1988. XIII+555P. NEW YORK ACADEMY OF SCIENCES: NEW YORK, NEW YORK, USA. ILLUS. 0 (0). 1989 (1990). 291-295. CODEN: ANYAA9 ISBN: 0-89766-536-8(PAPER); 0-89766-535-X(CLOTH) ISSN: 0077-8923
DT Conference
LA English
ST HUMAN RISK ASSESSMENT SERUM CHOLESTEROL BLOOD PRESSURE SMOKING LOW FATTY ACID LEVELS PLASMA PHOSPHOLIPIDS ANTIOXIDANT
RN 57-88-5 (CHOLESTEROL)
CC General Biology-Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Behavioral Biology-Human Behavior 07004
Biochemical Studies-General 10060
Biochemical Studies-Lipids 10066
Biochemical Studies-Sterols and Steroids 10067
Metabolism-Energy and Respiratory Metabolism *13003
Metabolism-Lipids *13006
Metabolism-Sterols and Steroids *13008
Metabolism-Fat-Soluble Vitamins *13016
Metabolism-Water-Soluble Vitamins *13018
Nutrition-Malnutrition; Obesity *13203
Nutrition-Fat-Soluble Vitamins *13208

Nutrition-Water-Soluble Vitamins *13210
Cardiovascular System-Physiology and Biochemistry *14504
Cardiovascular System-Heart Pathology *14506
Cardiovascular System-Blood Vessel Pathology *14508
Blood, Blood-Forming Organs and Body Fluids-Blood and Lymph Studies *15002
Psychiatry-Addiction-Alcohol, Drugs, Smoking, etc. 21004
Toxicology-General; Methods and Experimental *22501
Public Health: Epidemiology-Organic Diseases and Neoplasms *37054
Plant Physiology, Biochemistry and Biophysics-Chemical Constituents 51522
Pharmacognosy and Pharmaceutical Botany 54000
BC Hominidae 86215

L32 ANSWER 18 OF 21 BIOSIS COPYRIGHT 1998 BIOSIS
AN 81:12609 BIOSIS
DN BR20:12609
TI COMPLETE REMISSION OF CORONARY ARTERIOPATHIC SYMPTOMS WITH NUTRITIONAL THERAPY.
AU BEHL B A; MOE B H
CS BEHL ENG. TECH. SERV., LOS ANGELES, CALIF., USA.
SO 37TH ANNUAL NATIONAL MEETING OF THE AMERICAN FEDERATION FOR CLINICAL RESEARCH, WASHINGTON, D.C., USA, MAY 10-12, 1980. CLIN RES 28 (2). 1980. 157A. CODEN: CLREAS ISSN: 0009-9279
DT Conference
LA English
ST ABSTRACT HUMAN HEPATIC FUNCTION MYO CARDIAL INFARCT HYPERTENSION DYSPNEA ARRHYTHMIA **ANGINA** PECTORIS PROTEIN VITAMIN A MAGNESIUM **VITAMIN C** FOOD INTOLERANCE ALCOHOL CAFFEINE
RN 50-81-7 (VITAMIN C)
58-08-2 (CAFFEINE)
64-17-5 (ALCOHOL)
7439-95-4 (MAGNESIUM)
68-26-8Q, 11103-57-4Q (VITAMIN A)
CC General Biology-Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Behavioral Biology-Human Behavior 07004
Biochemical Studies-General 10060
Biochemical Studies-Nucleic Acids, Purines and Pyrimidines 10062
Biochemical Studies-Vitamins 10063
Biochemical Studies-Proteins, Peptides and Amino Acids 10064
Biochemical Studies-Lipids 10066
Biochemical Studies-Minerals 10069
Pathology, General and Miscellaneous-Therapy 12512
Nutrition-Minerals *13206
Nutrition-Fat-Soluble Vitamins *13208
Nutrition-Water-Soluble Vitamins *13210
Nutrition-Pathogenic Diets *13216
Nutrition-Prophylactic and Therapeutic Diets *13218
Nutrition-Proteins, Peptides and Amino Acids *13224

Digestive System-Physiology and Biochemistry *14004
Digestive System-Pathology *14006
Cardiovascular System-Heart Pathology *14506
Cardiovascular System-Blood Vessel Pathology *14508
Respiratory System-Pathology *16006
Psychiatry-Addiction-Alcohol, Drugs, Smoking, etc. 21004
Toxicology-General; Methods and Experimental *22501
Toxicology-Foods, Food Residues, Additives and Preservatives *22502
Plant Physiology, Biochemistry and Biophysics-Chemical Constituents 51522
BC Plantae-Unspecified 11000
Hominidae 86215

=> file embase
FILE 'EMBASE' ENTERED AT 12:07:39 ON 21 AUG 1998

FILE COVERS 1974 TO 20 Aug 1998 (19980820/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> d l28 1-2 ti so ab ct

L28 ANSWER 1 OF 2 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Nisoldipine coat-core. A review of its pharmacodynamic and pharmacokinetic properties and clinical efficacy in the management of ischaemic heart disease.
SO Drugs, (1997) 53/5 (867-884).
Refs: 48
ISSN: 0012-6667 CODEN: DRUGAY
AB Nisoldipine coat-core is an extended-release once-daily formulation of a dihydropyridine calcium antagonist effective in the treatment of chronic stable **angina** pectoris. With immediate-release formulations of nisoldipine, plasma drug concentrations that produce therapeutic effects result rapidly but are not sustained and do not maintain the effects throughout a 12-hour dosage interval. In contrast, with nisoldipine coat-core, a gradual increase in plasma nisoldipine concentrations occurs over 12 hours and therapeutic concentrations are then maintained for the duration of a 24-hour dosage interval. In dosages of 10 to 60 mg once daily, nisoldipine coat-core controls symptoms of **angina** and improves exercise-induced signs of ischaemia in patients with stable **angina**. Compared with placebo, daily nisoldipine coat-core doses of .ltoreq. 20 mg provide statistically significant increases in total exercise time and time to produce **angina** and a trend towards an increase in the time to produce 1 mm ST segment depression, in exercise tests conducted .simeq. 23 hours postdose. When administered in 20 and 40 mg daily doses, nisoldipine coat-core produces improvements in exercise test parameters that are similar to those seen with amlodipine 5 or 10 mg/day or regular-release or

sustained-release (SR) diltiazem 240 mg/day. The frequency of daily **angina** attacks and consumption of short-acting nitrates are also reduced by nisoldipine to a similar extent to that observed with these other agents. After longer term (1 year) administration of 10 to 60 mg daily, improvements in exercise test parameters are maintained, with equivalent anti-ischaemic efficacy seen in patients receiving nisoldipine coat-core alone or with background nitrate or .beta.-blocker therapy. Adverse events associated with nisoldipine coat-core are typical of the dihydropyridine class of calcium antagonists, with peripheral oedema and headache being most common. Nisoldipine coat-core appears to be associated with fewer deaths than placebo, notably in the DEFIANT-II (Doppler Flow and Echocardiography in Functional Cardiac Insufficiency: Assessment of Nisoldipine Therapy II) study, where only 1 death occurred with nisoldipine compared with 7 in the placebo group. Nisoldipine should not be taken during phenytoin therapy. In addition, **grapefruit juice** should be avoided during nisoldipine therapy and nisoldipine should not be taken concurrently with high-fat meals. Thus, the coat-core formulation of nisoldipine appears to have overcome the limitations of the shorter duration of action of immediate-release nisoldipine. Nisoldipine coat-core is well tolerated and once daily administration produces a long duration of effective anti-ischaemic relief in patients with chronic stable **angina** pectoris.

CT EMTAGS: therapy (0160); diagnosis (0140); iatrogenic disease (0300); higher plant (0697); plant (0699); mammal (0738); human (0888); oral drug administration (0181); review (0001); adverse drug reaction (0198); pharmacokinetics (0194)

Medical Descriptors:
*ischemic heart disease: DT, drug therapy
drug coating
sustained release formulation
angina pectoris: DT, drug therapy
drug blood level
symptom
st segment depression
exercise test
drug efficacy
edema: SI, side effect
headache: SI, side effect
death
drug contraindication
fruit juice
citrus fruit
food drug interaction
fat intake
vertigo: SI, side effect
heart palpitation: SI, side effect
nausea: SI, side effect
tachycardia: SI, side effect
paresthesia: SI, side effect

vomiting: SI, side effect
human
oral drug administration
clinical trial
review
Drug Descriptors:
*nisoldipine: AE, adverse drug reaction
*nisoldipine: CT, clinical trial
*nisoldipine: CB, drug combination
*nisoldipine: DO, drug dose
*nisoldipine: DT, drug therapy
*nisoldipine: PR, pharmaceutics
*nisoldipine: PK, pharmacokinetics
*nisoldipine: PD, pharmacology
amlodipine: CM, drug comparison
amlodipine: DO, drug dose
amlodipine: DT, drug therapy
amlodipine: PD, pharmacology
diltiazem: CM, drug comparison
diltiazem: DO, drug dose
diltiazem: DT, drug therapy
diltiazem: PR, pharmaceutics
diltiazem: PD, pharmacology
nitrate: CB, drug combination
nitrate: DT, drug therapy
beta adrenergic receptor blocking agent: CB, drug combination
beta adrenergic receptor blocking agent: DT, drug therapy
phenytoin
antiangina pectoris agent: CM, drug comparison
antiangina pectoris agent: DT, drug therapy

L28 ANSWER 2 OF 2 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Contingency management of adherence to a complex medical regimen in an elderly heart patient.
SO BEHAV. THER., (1979) 10/2 (193-201).
CODEN: BHVTAK
AB This research sought to determine whether token reinforcement could improve an elderly heart patient's adherence to his complex medical regimen. Using a multiple-baseline and reversal single-case experimental design, it was demonstrated that the reinforcement contingency was responsible for increasing his walking to more than twice per day, consumption of **orange juice** to an average of almost three glasses per day, and consumption of three seperate pills three times per day. A cessation of **angina** and an improvement in family relationships also occured.
CT EMTAGS: aged (0019); case report (0151); therapy (0160); central nervous system (0912); heart (0921)
Medical Descriptors:
*behavior therapy
*heart disease
aged

=> d l33 1-52 ti

L33 ANSWER 1 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Low plasma **ascorbic acid** independently predicts the presence of an unstable coronary syndrome.

L33 ANSWER 2 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI [Progress in cardiology].
CARDIOLOGIE.

L33 ANSWER 3 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Community air pollution: What a pulmonologist should know.

L33 ANSWER 4 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Antioxidants and atherosclerotic heart disease.

L33 ANSWER 5 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Chelation therapy for cardiovascular disease: Review and commentary.

L33 ANSWER 6 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Antioxidant vitamins in the prevention of cardiovascular disease.
The epidemiological evidence.

L33 ANSWER 7 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Endothelial dysfunction: Clinical implications.

L33 ANSWER 8 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI **Vitamin C** status and undiagnosed **angina**
.

L33 ANSWER 9 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Drug-induced methaemoglobinaemia: Rare but can be fatal.

L33 ANSWER 10 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI A 40-year-old man with 'stabbing' right-side **chest pain**.

L33 ANSWER 11 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Usefulness of antioxidant vitamins in suspected acute myocardial infarction (the Indian Experiment of Infarct Survival-3).

L33 ANSWER 12 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI [Drepanocytosis. Present and future. Review of our cases].
DREPANOCITOSIS. PRESENTE Y FUTURO: REVISION DE NUESTRA CASUISTICA.

L33 ANSWER 13 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI The role of dietary antioxidants in prevention of atherosclerosis.

L33 ANSWER 14 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI A secondary prevention trial of antioxidant vitamins and

cardiovascular disease in women: Rationale, design, and methods.

L33 ANSWER 15 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Effect of antioxidant-rich foods on plasma **ascorbic acid**, cardiac enzyme, and lipid peroxide levels in patients hospitalized with acute myocardial infarction.

L33 ANSWER 16 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Cretan Mediterranean diet for prevention of coronary heart disease.

L33 ANSWER 17 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI [Ingestion of ethanol after intoxication with Antabus.RTM. cardiac emergency by acetaldehyde].
ETHANOLAUFNAHME NACH ANTABUS.RTM.-UBERDOSIERUNG: ACETALDEHYD-INDUZIERTER KARDIOLOGISCHER NOTFALL.

L33 ANSWER 18 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Antioxidants and the prevention of coronary heart disease.

L33 ANSWER 19 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Platelet inhibitors and antioxidant vitamins in cardiovascular disease.

L33 ANSWER 20 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Blood antioxidants and indices of lipid peroxidation in subjects with **angina** pectoris.

L33 ANSWER 21 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Combination products as first-line pharmacotherapy.

L33 ANSWER 22 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Third case report on lysine-**ascorbate** amelioration of **angina** pectoris.

L33 ANSWER 23 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Lysine, **ascorbic acid** and **angina** pectoris.

L33 ANSWER 24 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Carnitine: A review for the pharmacy clinician.

L33 ANSWER 25 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI A case history: Lysine/**ascorbate**-related amelioration of **angina** pectoris.

L33 ANSWER 26 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI [Antioxidant therapy in reperfusion-induced myocardial ischaemia].
LE TRAITEMENT ANTIOXYDANT DANS L'ISCHEMI REPERFUSION MYOCARDIQUE.

L33 ANSWER 27 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Primary and secondary prevention of myocardial infarction and

strokes: An update of randomly allocated, controlled trials.

L33 ANSWER 28 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Increased risk of cardiovascular disease at suboptimal plasma concentrations of essential antioxidants: An epidemiological update with special attention to carotene and **vitamin C**
.

L33 ANSWER 29 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Antioxidants and heart disease: Epidemiology and clinical evidence.

L33 ANSWER 30 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Poor plasma status of carotene and **vitamin C** is associated with higher mortality from ischemic heart disease and stroke: Basel Prospective Study.

L33 ANSWER 31 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Ischemia: Reperfusion injury and restenosis after coronary angioplasty.

L33 ANSWER 32 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI The PLAT Study: Hemostatic function in relation to atherothrombotic ischemic events in vascular disease patients: Principal results.

L33 ANSWER 33 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Vitamin antioxidants and cardiovascular disease.

L33 ANSWER 34 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Case report: Lysine/**ascorbate**-related amelioration of **angina** pectoris.

L33 ANSWER 35 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI [**Angina** pectoris and plasma concentrations of **vitamins** A, **C** and E].
ANGINA PECTORIS EN PLASMACONCENTRATIES VAN **VITAMINE** A, **C** EN E.

L33 ANSWER 36 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Plasma concentrations of vitamins as risk factors for **angina**
.

L33 ANSWER 37 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI **Angina** pectoris and plasma vitamin levels.

L33 ANSWER 38 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Risk of **angina** pectoris and plasma concentrations of **vitamins** A, **C**, and E and carotene.

L33 ANSWER 39 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Low plasma **vitamins** E and **C**. Increased risk of **angina** in Scottish men.

L33 ANSWER 40 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Dietary change and coronary heart disease.

L33 ANSWER 41 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Platelet aggregation in 93 cases of coronary heart disease.

L33 ANSWER 42 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Prostacyclin. Pharmacology and clinical trials.

L33 ANSWER 43 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Vitamin therapy in the absence of obvious deficiency. What is the evidence?.

L33 ANSWER 44 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI [Analgesia in myocardial infarction].
ANALGESIE BEIM HERZINFARKT.

L33 ANSWER 45 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI A preliminary observation on the treatment of hyperlipidemia and coronary heart disease with the fruit juice of CU-LIU.

L33 ANSWER 46 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI **Vitamin C**, high density lipoproteins and heart disease in elderly subjects.

L33 ANSWER 47 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Drugs released for clinical use.

L33 ANSWER 48 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI [Considerations on the therapy of cardiocirculatory insufficiency with particular reference to the elderly patient].
CONSIDERAZIONI IN TEMA DI TERAPIA NELLA INSUFFICIENZA CARDIO CIRCOLATORIA. CON PARTICOLARE RIGUARDO AL PAZIENTE ANZIANO.

L33 ANSWER 49 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Metabolism of histamine in patients with coronary atherosclerosis (Russian).

L33 ANSWER 50 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Pharmacodynamics of **angina** pectoris palliation by nitroglycerin.

L33 ANSWER 51 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI [Management of **angina** pectoris. I. Prognosis and treatment. Etiologic treatment. Atherosclerotic coronary artery disease].
TERAPIA DELL'**ANGINA** PECTORIS. I. PROGNOSI E TERAPIA. TERAPIA CAUSALE. L'ARTERIOPATIA ATEROSCLEROTICA CORONARICA.

L33 ANSWER 52 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.

TI [Complex medical treatment of arteriopathies, including intraarterial injections].
TRAITEMENT MEDICAL, COMPLEXE, DES ARTERIOPATHIES, Y COMPRIS LES INJECTIONS INTRA ARTERIELLES.

=> d l33 10,22,23,25,34,35 ti so ab ct

L33 ANSWER 10 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI A 40-year-old man with 'stabbing' right-side **chest pain.**
SO American Journal of Orthopedics, (1996) 25/2 (169-171).
ISSN: 1078-4519 CODEN: AJORFL
AB The following case is presented to illustrate the roentgenographic and clinical findings of a condition of interest to orthopedic surgeons. The initial history, physical findings, and roentgenographic examination are found on the first page. The final clinical and roentgenographic diagnosis is presented on the following pages.
CT EMTAGS: injury (0301); diagnosis (0140); therapy (0160); mammal (0738); human (0888); male (0041); case report (0151); adult (0018); article (0060)
Medical Descriptors:
*brachial plexus injury: DI, diagnosis
*brachial plexus injury: SU, surgery
diagnostic accuracy
follow up
avascular necrosis: CO, complication
ascorbic acid deficiency: CO, complication
vitamin d deficiency: CO, complication
stab wound
physical examination
human
male
case report
adult
article

L33 ANSWER 22 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Third case report on lysine-**ascorbate** amelioration of **angina** pectoris.
SO J. ORTHOMOL. MED., (1993) 8/3 (137-138).
ISSN: 0317-0209 CODEN: JORMEI
CT EMTAGS: therapy (0160); mammal (0738); human (0888); male (0041); case report (0151); aged (0019); oral drug administration (0181); article (0060)
Medical Descriptors:
***angina pectoris: DT, drug therapy**
drug efficacy
human
male
case report

aged
oral drug administration
article
Drug Descriptors:
***ascorbic acid: DT, drug therapy**
***ascorbic acid: CB, drug combination**
*lysine: DT, drug therapy
*lysine: CB, drug combination
glyceryl trinitrate

L33 ANSWER 23 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Lysine, **ascorbic acid** and **angina** pectoris.
SO J. ORTHOMOL. MED., (1993) 8/3 (132-133).
ISSN: 0317-0209 CODEN: JORMEI
CT EMTAGS: therapy (0160); mammal (0738); human (0888); oral drug administration (0181); editorial (0003)
Medical Descriptors:
***angina pectoris: DT, drug therapy**
drug effect
human
oral drug administration
editorial
Drug Descriptors:
***ascorbic acid: PD, pharmacology**
***ascorbic acid: DT, drug therapy**
***ascorbic acid: CB, drug combination**
*lysine: PD, pharmacology
*lysine: DT, drug therapy
*lysine: CB, drug combination

L33 ANSWER 25 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI A case history: Lysine/**ascorbate**-related amelioration of **angina** pectoris.
SO J. ORTHOMOL. MED., (1993) 8/2 (77-78).
ISSN: 0317-0209 CODEN: JORMEI
CT EMTAGS: therapy (0160); mammal (0738); human (0888); female (0042); case report (0151); aged (0019); article (0060)
Medical Descriptors:
***angina pectoris: DT, drug therapy**
*atherosclerosis
human
female
case report
aged
article
Drug Descriptors:
*lysine
***ascorbic acid**
isosorbide dinitrate: DT, drug therapy
acetylsalicylic acid: DT, drug therapy

glyceryl trinitrate: DT, drug therapy

L33 ANSWER 34 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI Case report: Lysine/**ascorbate**-related amelioration of **angina** pectoris.
SO J. ORTHOMOL. MED., (1991) 6/3-4 (144-146).
ISSN: 0317-0209 CODEN: JORMEI
CT EMTAGS: mammal (0738); human (0888); male (0041); case report (0151); aged (0019); oral drug administration (0181); article (0060); therapy (0160)
Medical Descriptors:
human
male
case report
aged
oral drug administration
article
***angina pectoris: DT, drug therapy**
Drug Descriptors:
*lysine: DT, drug therapy
*lysine: DO, drug dose
***ascorbic acid: DT, drug therapy**

L33 ANSWER 35 OF 52 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
TI [**Angina** pectoris and plasma concentrations of **vitamins** A, **C** and E].
ANGINA PECTORIS EN PLASMACONCENTRATIES VAN **VITAMINE** A, **C** EN E.
SO NED. TIJDSCHR. GENEESKD., (1991) 135/30 (1366-1367).
ISSN: 0028-2162 CODEN: NETJAN
CT EMTAGS: diagnosis (0140); blood and hemopoietic system (0927); mammal (0738); human (0888); adult (0018); note (0063)
Medical Descriptors:
***angina pectoris: DI, diagnosis**
plasma
human
adult
note
Drug Descriptors:
*retinol: EC, endogenous compound
***ascorbic acid: EC, endogenous compound**
*alpha tocopherol: EC, endogenous compound

=> file medline
FILE 'MEDLINE' ENTERED AT 12:22:34 ON 21 AUG 1998

FILE LAST UPDATED: 20 AUG 1998 (19980820/UP). FILE COVERS 1966 TO DATE.

THE MEDLINE FILE WAS RELOADED FEBRUARY 15, 1998, TO REFLECT THE ANNUAL MESH (MEDICAL SUBJECT HEADING) CHANGES. ENTER HELP RLOAD FOR DETAILS.

THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE SUBSTANCE IDENTIFICATION.

=> d l29 1 all

L29 ANSWER 1 OF 1 MEDLINE
AN 97276118 MEDLINE
DN 97276118
TI Nisoldipine coat-core. A review of its pharmacodynamic and pharmacokinetic properties and clinical efficacy in the management of ischaemic heart disease.
AU Langtry H D; Spencer C M
CS Adis International Limited, Auckland, New Zealand.. demail@adis.co.nz
SO DRUGS, (1997 May) 53 (5) 867-84. Ref: 48
Journal code: EC2. ISSN: 0012-6667.
CY New Zealand
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199708
EW 19970804
AB Nisoldipine coat-core is an extended-release once-daily formulation of a dihydropyridine calcium antagonist effective in the treatment of chronic stable **angina** pectoris. With immediate-release formulations of nisoldipine, plasma drug concentrations that produce therapeutic effects result rapidly, but are not sustained and do not maintain the effects throughout a 12-hour dosage interval. In contrast, with nisoldipine coat-core, a gradual increase in plasma nisoldipine concentrations occurs over 12 hours and therapeutic concentrations are then maintained for the duration of a 24-hour dosage interval. In dosages of 10 to 60 mg once daily, nisoldipine coat-core controls symptoms of **angina** and improves exercise-induced signs of ischaemia in patients with stable **angina**. Compared with placebo, daily nisoldipine coat-core doses of > or = 20 mg provide statistically significant increases in total exercise time and time to produce **angina** and a trend towards an increase in the time to produce 1 mm ST segment depression, in exercise tests conducted approximately 23 hours postdose. When administered in 20 and 40 mg daily doses, nisoldipine coat-core produces improvements in exercise test parameters that are similar to those seen with amlodipine 5 or 10 mg/day or regular-release or sustained-release (SR) diltiazem 240 mg/day. The frequency of daily **angina** attacks and consumption of short-acting nitrates are also reduced by nisoldipine to a similar extent to that observed with these other agents. After longer term (1 year) administration of 10 to 60 mg daily, improvements in exercise test parameters are maintained, with equivalent anti-ischaemic efficacy seen in patients receiving nisoldipine

coat-core alone or with background nitrate or beta-blocker therapy. Adverse events associated with nisoldipine coat-core are typical of the dihydropyridine class of calcium antagonists, with peripheral oedema and headache being most common. Nisoldipine coat-core appears to be associated with fewer deaths than placebo, notably in the DEFIANT-II (Doppler Flow and Echocardiography in Functional Cardiac Insufficiency: Assessment of Nisoldipine Therapy II) study, where only 1 death occurred with nisoldipine compared with 7 in the placebo group. Nisoldipine should not be taken during phenytoin therapy. In addition, **grapefruit juice** should be avoided during nisoldipine therapy and nisoldipine should not be taken concurrently with high-fat meals. Thus, the coat-core formulation of nisoldipine appears to have overcome the limitations of the shorter duration of action of immediate-release nisoldipine. Nisoldipine coat-core is well tolerated and once-daily administration produces a long duration of effective anti-ischaemic relief in patients with chronic stable **angina** pectoris.

CT Check Tags: Human
Calcium Channel Blockers: PD, pharmacology
Calcium Channel Blockers: PK, pharmacokinetics
*Calcium Channel Blockers: TU, therapeutic use
Delayed-Action Preparations
Drug Interactions
Food-Drug Interactions
*Myocardial Ischemia: DT, drug therapy
Myocardial Ischemia: ME, metabolism
Nisoldipine: PD, pharmacology
Nisoldipine: PK, pharmacokinetics
*Nisoldipine: TU, therapeutic use
Randomized Controlled Trials
RN 63675-72-9 (Nisoldipine)
CN 0 (Calcium Channel Blockers); 0 (Delayed-Action Preparations)

=> d l45 1-20 ti

L45 ANSWER 1 OF 20 MEDLINE
TI **Vitamin C** attenuates abnormal vasomotor reactivity in spasm coronary arteries in patients with coronary spastic **angina**.

L45 ANSWER 2 OF 20 MEDLINE
TI Low plasma **ascorbic acid** independently predicts the presence of an unstable coronary syndrome.

L45 ANSWER 3 OF 20 MEDLINE
TI [The impact of the intravenous He-Ne laser therapy on the antioxidant system in patient with stable exertion **angina** and postinfarct cardiosclerosis].
Vliianie vnutrivennoi gelii-neonovoi lazernoi terapii na antioksidantnuiu sistemu u bol'nykh stabil'noi stenokardiei napriazheniia i postinfarktnym kardiosklerozom.

L45 ANSWER 4 OF 20 MEDLINE
TI Endothelial dysfunction: clinical implications.

L45 ANSWER 5 OF 20 MEDLINE
TI **Vitamin c** status and undiagnosed **angina**
.

L45 ANSWER 6 OF 20 MEDLINE
TI Usefulness of antioxidant vitamins in suspected acute myocardial infarction (the Indian experiment of infarct survival-3) [see comments].

L45 ANSWER 7 OF 20 MEDLINE
TI A secondary prevention trial of antioxidant vitamins and cardiovascular disease in women. Rationale, design, and methods. The WACS Research Group [see comments].

L45 ANSWER 8 OF 20 MEDLINE
TI Effect of antioxidant-rich foods on plasma ascorbic acid, cardiac enzyme, and lipid peroxide levels in patients hospitalized with acute myocardial infarction.

L45 ANSWER 9 OF 20 MEDLINE
TI Blood antioxidants and indices of lipid peroxidation in subjects with **angina** pectoris.

L45 ANSWER 10 OF 20 MEDLINE
TI Increased risk of cardiovascular disease at suboptimal plasma concentrations of essential antioxidants: an epidemiological update with special attention to carotene and **vitamin C**
.

L45 ANSWER 11 OF 20 MEDLINE
TI Poor plasma status of carotene and vitamin C is associated with higher mortality from ischemic heart disease and stroke: Basel Prospective Study.

L45 ANSWER 12 OF 20 MEDLINE
TI Piridoxilate-induced oxalate nephropathy can lead to end-stage renal failure.

L45 ANSWER 13 OF 20 MEDLINE
TI [Vitamin deficiency in patients with ischemic heart disease]. Vitaminnaia nedostatochnost' u bol'nykh ishemicheskoi bolezn'iu serdtsa.

L45 ANSWER 14 OF 20 MEDLINE
TI Risk of **angina** pectoris and plasma concentrations of **vitamins** A, **C**, and E and carotene [see comments].

L45 ANSWER 15 OF 20 MEDLINE
TI Low plasma **vitamins** E and **C**. Increased risk of **angina** in Scottish men.

L45 ANSWER 16 OF 20 MEDLINE
TI Mechanical adaptation of heart rate change for coronary circulation in patients with and without ventricular hypertrophy.

L45 ANSWER 17 OF 20 MEDLINE
TI Assessment of platelet aggregation in 93 patients with coronary heart disease.

L45 ANSWER 18 OF 20 MEDLINE
TI Vitamin therapy in the absence of obvious deficiency. What is the evidence?.

L45 ANSWER 19 OF 20 MEDLINE
TI Vitamin C, high density lipoproteins and heart disease in elderly subjects.

L45 ANSWER 20 OF 20 MEDLINE
TI Letter: More about **vitamin C**.

=> d l45 1,5,14 all

L45 ANSWER 1 OF 20 MEDLINE
AN 1998331919 MEDLINE
DN 98331919
TI **Vitamin C** attenuates abnormal vasomotor reactivity in spasm coronary arteries in patients with coronary spastic **angina**.
AU Kugiyama K; Motoyama T; Hirashima O; Ohgushi M; Soejima H; Misumi K; Kawano H; Miyao Y; Yoshimura M; Ogawa H; Matsumura T; Sugiyama S; Yasue H
CS Division of Cardiology, Kumamoto University School of Medicine, Kumamoto City, Japan.. kiyo@gpo.kumamoto-u.ac.jp
SO JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY, (1998 Jul) 32 (1) 103-9.
Journal code: H50. ISSN: 0735-1097.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199809
EW 19980904
AB OBJECTIVES: This study sought to examine effect of **vitamin C**, an antioxidant, on the abnormal vasomotor reactivity in spasm coronary arteries. BACKGROUND: Oxygen free radicals generated in the arterial walls have been shown to cause endothelial vasomotor dysfunction. METHODS: Responses of the epicardial arterial diameters

of the left coronary arteries to the intracoronary infusion of acetylcholine (ACh) (10 and 50 microg/min) were measured by quantitative coronary angiography before and during combined intracoronary infusion of **vitamin C** (10 mg/min) or saline as a placebo in 32 patients with coronary spastic **angina** and in 34 control subjects. RESULTS: **Vitamin C** infusion suppressed the constrictor response of the epicardial diameter to ACh in spasm coronary arteries but had no significant effect in the control coronary arteries (percent change in distal diameter in response to 10 microg/min of ACh [constriction (-), dilation (+), mean +/- SEM] before **vitamin C**: -8.2 +/- 2.9% in spasm arteries, +8.4 +/- 2.9%* in control arteries; during **vitamin C**: +0.2 +/- 3.8%* in spasm arteries, +7.2 +/- 1.3%* in control arteries [*p < 0.01 vs. spasm arteries before vitamin CI). The coronary sinus-arterial difference in plasma thiobarbituric acid reactive substances during ACh infusion, an indicator of lipid peroxidation in coronary circulation, was higher in patients with coronary spastic **angina** than in control subjects (p < 0.01) but was suppressed in patients with coronary spastic **angina** to comparable levels in control subjects by combined infusion of **vitamin C**. Saline infusion had no effect. CONCLUSIONS: The results indicate that **vitamin C** attenuates vasomotor dysfunction in epicardial coronary arteries in patients with coronary spastic **angina**. Oxygen free radicals may at least in part play a role in the abnormal coronary vasomotor reactivity in response to ACh in spasm coronary arteries.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Acetylcholine: DU, diagnostic use
Adult
Aged
***Angina Pectoris, Variant: PP, physiopathology**
*Antioxidants: PD, pharmacology
***Ascorbic Acid: PD, pharmacology**
Coronary Angiography
*Coronary Vasospasm: PP, physiopathology
Dose-Response Relationship, Drug
Endothelium, Vascular: DE, drug effects
Endothelium, Vascular: PP, physiopathology
Hemodynamics: DE, drug effects
Hemodynamics: PH, physiology
Infusions, Intra-Arterial
Middle Age
*Reactive Oxygen Species: ME, metabolism
Vascular Resistance: DE, drug effects
Vascular Resistance: PH, physiology
Vasomotor System: DE, drug effects
Vasomotor System: PP, physiopathology

RN **50-81-7 (Ascorbic Acid)**; 51-84-3 (Acetylcholine)

CN 0 (Antioxidants); 0 (Reactive Oxygen Species)

L45 ANSWER 5 OF 20 MEDLINE
AN 97101750 MEDLINE
DN 97101750
TI **Vitamin c** status and undiagnosed **angina**
.
AU Ness A R; Khaw K T; Bingham S; Day N E
CS Institute of Public Health, University Forvie Site, Cambridge, UK.
SO JOURNAL OF CARDIOVASCULAR RISK, (1996 Aug) 3 (4) 373-7.
Journal code: CE7. ISSN: 1350-6277.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199705
EW 19970502
AB BACKGROUND: **Vitamin C** has been suggested to be protective for coronary heart disease but the evidence from epidemiological studies is inconclusive and most studies have been conducted in men. We examined the cross-sectional relationship between **vitamin C** status and previously undiagnosed **angina** in women. METHODS: Women aged 45-74 years were recruited from general practices. They completed a health and lifestyle questionnaire and attended for a health check and a blood test. Non-fasting plasma **vitamin C** was used to define vitamin status and a self-completed Rose **angina** questionnaire was used to identify cases. RESULTS: Forty-two women with previously undiagnosed **angina** (cases) were compared with 877 women with no reported **angina** (controls). The mean plasma **vitamin C** was 50.2 mumol/l in cases and 58.3 mumol/l in controls. The age-adjusted odds ratio for a 50 mumol/l increase in plasma **vitamin C** was 0.34 (95% confidence interval 0.15-0.79). The odds ratio was unaltered after adjustment for body mass index, smoking and established coronary risk factors, and after stratification by smoking, vitamin supplementation and hormone replacement. CONCLUSIONS: This cross-sectional analysis showed an association in women between lower plasma levels of **vitamin C** and previously undiagnosed **angina**. Although we are unable to exclude the possibility that symptomatic prevalent disease modifies plasma **vitamin C** levels, these data are consistent with a protective effect of **vitamin C** for coronary heart disease. This relationship requires confirmation in further prospective studies and trials of **vitamin C** supplementation.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Aged
***Angina Pectoris: DI, diagnosis**
Angina Pectoris: PP, physiopathology
***Ascorbic Acid: AN, analysis**
Ascorbic Acid: BL, blood
Confidence Intervals

Coronary Disease: DI, diagnosis
Coronary Disease: PP, physiopathology
Cross-Sectional Studies
Middle Age
Odds Ratio
Questionnaires
Reference Values
Risk Factors
Sensitivity and Specificity
RN **50-81-7 (Ascorbic Acid)**

L45 ANSWER 14 OF 20 MEDLINE
AN 91087593 MEDLINE
DN 91087593
TI Risk of **angina** pectoris and plasma concentrations of **vitamins** A, **C**, and E and carotene [see comments].
CM Comment in: Lancet 1991 Feb 16;337(8738):432-3
AU Riemersma R A; Wood D A; Macintyre C C; Elton R A; Gey K F; Oliver M F
CS Department of Cardiology, University of Edinburgh..
SO LANCET, (1991 Jan 5) 337 (8732) 1-5.
Journal code: L0S. ISSN: 0140-6736.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals
EM 199104
AB The relation between risk of **angina** pectoris and plasma concentrations of **vitamins** A, **C**, and E and carotene was examined in a population case-control study of 110 cases of **angina**, identified by the **Chest Pain** Questionnaire, and 394 controls selected from a sample of 6000 men aged 35-54. Plasma concentrations of **vitamins C** and E and carotene were significantly inversely related to the risk of **angina**. There was no significant relation with vitamin A. Smoking was a confounding factor. The inverse relation between **angina** and low plasma carotene disappeared and that with plasma **vitamin C** was substantially reduced after adjustment for smoking. Vitamin E remained independently and inversely related to the risk of **angina** after adjustment for age, smoking habit, blood pressure, lipids, and relative weight. The adjusted odds ratio for **angina** between the lowest and highest quintiles of vitamin E concentrations was 2.68 (95% confidence interval 1.07-6.70; p = 0.02). These findings suggest that some populations with a high incidence of coronary heart disease may benefit from eating diets rich in natural antioxidants, particularly vitamin E.
CT Check Tags: Human; Male; Support, Non-U.S. Gov't
Adult
***Angina Pectoris: BL, blood**

***Ascorbic Acid: BL, blood**
*Carotene: BL, blood
Case-Control Studies
Confounding Factors (Epidemiology)
Lipids: BL, blood
Middle Age
Odds Ratio
Questionnaires
Risk Factors
Seasons
Smoking: BL, blood
*Vitamin A: BL, blood
*Vitamin E: BL, blood
RN 11103-57-4 (Vitamin A); 1406-18-4 (Vitamin E); 36-88-4 (Carotene); **50-81-7 (Ascorbic Acid)**

=> d l46 1-4 ti

L46 ANSWER 1 OF 4 MEDLINE
TI Ischemia: reperfusion injury and restenosis after coronary angioplasty.

L46 ANSWER 2 OF 4 MEDLINE
TI Dietary change and coronary heart disease.

L46 ANSWER 3 OF 4 MEDLINE
TI [Therapeutic efficacy of pantothenic acid preparations in ischemic heart disease patients].
Terapevticheskaia effektivnost' preparatov pantotenovoi kisloty u bol'nykh ishemicheskoi bolezn'iu serdtsa.

L46 ANSWER 4 OF 4 MEDLINE
TI [Metabolism of histamine in patients with coronary atherosclerosis].
Sostoianie obmena gistamina u bol'nykh koronarnym aterosklerozom.